



CITIZEN ACADEMY APPLICATION FORM



Date _____ Date of Birth _____

Place of Birth _____

Social Security Number _____

Name _____

Please Print Last First Middle

Address _____

Street City Zip

Phone _____

Business Address _____

Occupation _____

Driver's License Number _____

Race _____ Sex _____

Reason for Wanting to Participate in Program:

SEND COMPLETED APPLICATION TO:

David Dunstan, Undersheriff, Saline County Sheriff's Office

251 N. Tenth, P.O. Box 1606

Salina, Kansas 67402-1606